Acknowledgement of Receipt of Notice of Privacy Practices

Debra C. Duffy, DDS, PA
Diplomate, American Board of Pediatric Dentistry

I have received a copy of this office's **Notice of Privacy Practices**. If I am a minor unaccompanied by a parent or guardian, I will accept this Notice and provide it to my parent or guardian.

Please Print Your Name _____
LAST FIRST MI

Your Signature _____

Today's Date_____

List all children seen by our practice_____

_____

_____

Please list any other person (or persons) that we may discuss treatment, recommendations, and or billing matters: _____

_____

_____

Do Not Write Below— For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, But acknowledgement could not be obtained because:

☐ Individual refused to sign.

☐ Communication barriers prohibited us from obtaining the acknowledgement

☐ Emergency situation prevented us from obtaining the acknowledgement

☐ Other (Specify below)_____

_____

Received by _____ Date _____